

# TCU Summer Abroad 2009 Application Form



Student Information		Academic Information	
Last Name		TCU ID	
First Name		TCU Email	
TCU Box or Street Address		Major	
City	State	Minor	
Zip Code	Telephone	Cumulative GPA	Academic Level Fr <input type="checkbox"/> So <input type="checkbox"/> Jr <input type="checkbox"/> Sr <input type="checkbox"/>
Permanent Address		Course Choices	
Street Address		Summer Program	
City	State	Course 1	
Zip Code	Telephone	Course 2	
Gender		Notes	
Additional Information		Discipline and Health Background Verification	
Citizenship		Discipline records or health issues do not preclude acceptance to TCU study abroad programs. Please attach an explanation for any disciplinary or health issues (information will be verified with Campus Life).	
Passport Number	Expiration Date	Are you currently on disciplinary probation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How did you find out about study abroad? Professor <input type="checkbox"/> Center for Int'l Studies <input type="checkbox"/> Friend <input type="checkbox"/> Website <input type="checkbox"/> Poster / Flyer <input type="checkbox"/> Email <input type="checkbox"/> Info session / Fair <input type="checkbox"/> Freshman Orientation <input type="checkbox"/>		Have you considered your health needs for living in another country?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you reviewed the Summer Policies & Procedures?		Signature _____ Date _____	
Yes <input type="checkbox"/> No <input type="checkbox"/>		For office use only: _____ Date _____	
		Campus Life Verification: _____	
<p>Many programs are popular and will fill quickly! Complete an application and submit it to the Center for International Studies as soon as possible to inform us of your interest in the program.</p> <p><b>Submit to: Center for International Studies, TCU Box 297725, Rec Center Rickel Wing # 246</b></p>			

# TRAVEL ABROAD INDEMNITY FORMS

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**Please read, sign and return the following documents to:**

**Center for International Studies: TCU Abroad  
TCU Box 297725  
Campus Rec Center, Rickel 246**

- \_\_\_ Travel-Study Program Release and Indemnity Agreement
- \_\_\_ Travel-Study Program Medical Consent Form, Release and Indemnity Agreement
- \_\_\_ Health Insurance and Medical Background
- \_\_\_ Emergency Contact Information
- \_\_\_ TCU Travel Abroad Code of Conduct
- \_\_\_ TCU Sexual Harassment Policy
- \_\_\_ Personal Data Information Sheet

**In signing below, I acknowledge the following:**

- **I have read the enclosed documents concerning health and safety issues.**
- **I am responsible for understanding the rules and regulations regarding my education abroad program.**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ ID Number: \_\_\_\_\_

**BY SIGNING THIS DOCUMENT, YOU ARE WAIVING CERTAIN LEGAL RIGHTS.  
PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.**

**TEXAS CHRISTIAN UNIVERSITY**

**TRAVEL-STUDY PROGRAM RELEASE AND INDEMNITY AGREEMENT**

Printed Name of Student/Participant: \_\_\_\_\_

Travel-Study Program Destination: \_\_\_\_\_ Semester/Dates of Participation \_\_\_\_\_

For and in consideration of being permitted to participate in the Travel-Study Program described above, **I, THE UNDERSIGNED, HEREBY FULLY RELEASE AND FOREVER DISCHARGE** Texas Christian University and all instructors, sponsors, agents, employees, officers, trustees and affiliates of Texas Christian University (collectively "TCU"), of and from any and all liability to me, my personal representatives, assigns, heirs and next of kin, for any damage to or loss of my property, any injury to my person or my death or any one or more of the foregoing, arising directly or indirectly out of my participation for any purpose in the Travel-Study Program, **INCLUDING ANY SUCH DAMAGE, LOSS OR INJURY THAT IS CAUSED BY ANY ACT OR OMISSION ON THE PART OF TCU, INCLUDING ANY NEGLIGENT CONDUCT OF TCU** but excluding any gross negligence or willful misconduct of TCU. **IT IS MY EXPRESS INTENT THAT THE ABOVE RELEASE INCLUDES THE RELEASE BY ME OF TCU FROM THE CONSEQUENCES OF TCU'S OWN NEGLIGENCE. THE ONLY CIRCUMSTANCE UNDER WHICH MY RELEASE OF TCU DOES NOT APPLY IS WITH RESPECT TO ANY OCCURRENCE RESULTING FROM THE GROSS NEGLIGENCE OR WILLFUL MISCONDUCT OF TCU.**

**I FURTHER AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS** TCU for, from and against any and all liabilities, damages, claims, lawsuits, costs (including court costs, attorneys fees and costs of investigation), and actions of any kind or description for any damage to or loss of my property or the property of another, any injury to me or my death, or the injury to or death of any other person or any one or more of the foregoing, arising out of my participation for any purpose in the Travel-Study Program, **INCLUDING ANY DAMAGE, LOSS OR INJURY CAUSED BY ANY ACT OR OMISSION ON THE PART OF TCU, INCLUDING ANY NEGLIGENT CONDUCT OF TCU** but excluding any gross negligence or willful misconduct of TCU. **IT IS MY EXPRESS INTENT THAT THE ABOVE INDEMNITY INCLUDES INDEMNIFICATION BY ME OF TCU FROM THE CONSEQUENCES OF TCU'S OWN NEGLIGENCE. THE ONLY CIRCUMSTANCE UNDER WHICH MY OBLIGATION TO INDEMNIFY TCU DOES NOT APPLY IS WITH RESPECT TO AN OCCURRENCE RESULTING FROM THE GROSS NEGLIGENCE OR WILLFUL MISCONDUCT OF TCU.**

By execution below I hereby acknowledge that I recognize that TCU is not representing, sponsoring or endorsing transportation carriers, hotels or other suppliers of goods and/or services connected with the Travel-Study Program. I assume all of the risks of using such suppliers and recognize that TCU assumes no liability for any action or inaction of any such supplier. Further, I understand that TCU accepts no responsibility for losses or additional expenses incurred by me due to delay or changes in air, hotel or other services, sickness, weather, strike, war, terrorist acts, quarantine, breakdown in equipment, theft or other causes. TCU reserves the right to make any changes in travel arrangements relating to the Travel-Study Program when deemed appropriate in TCU's sole discretion.

Though arrangements for travel may be made in conjunction with the Travel-Study Program, I understand and acknowledge that I am solely and ultimately responsible for the selection of my travel arrangements to and from the location of the Travel-Study Program and assume all risks relative to acceptance of such transportation.

As a condition of my participation in the Travel-Study Program, TCU has required that I secure medical insurance which provides medical coverage to me while I am overseas, including but not limited to coverage for medical evacuation and repatriation of remains. I understand that TCU does not provide such coverage for me, and that no insurance coverage may exist through TCU to cover any claims or damages which may arise out of my participation in the Travel-Study Program.

I have fully investigated the nature of the Travel-Study Program, including whether participants will be subjected to physical and emotional stresses, and I assume all risks of participation. I represent that I am in good physical condition, and that I do not have any physical or mental disability which will limit my participation in the Travel-Study Program. I agree to advise TCU at any point when I question my ability to participate in any activity related to the Travel-Study Program.

I represent that, I have advised TCU of any physical or mental disabilities and/or needs which may affect my ability to participate fully in the Travel-Study Program and have received reasonable accommodation, if needed.

I understand and agree that aspects of the Travel-Study Program include opportunities for activities over which TCU cannot exercise control or provide the same protection for me as it does in an on-campus setting. Further, I am aware that there are certain risks and dangers which accompany international travel, including, but not limited to, those risks associated with the unpredictability of terrorist acts against citizens of the United States of America and others around the world, and I acknowledge and assume all such risks, including, but not limited to, loss or damage to personal property, injury or fatality due to (1) travel to and from the Travel-Study Program destination; (2)

the condition of facilities where the Travel-Study Program will occur which are not under the control and maintenance of TCU; (3) physical exertion; (4) emotional or psychological stress; (5) inclement weather; (6) suffering illness or an accident in an area where there may not be easy access to medical facilities; and (7) treatment received in medical facilities in which practices may differ from American medical practices, among others.

In making this Release and Indemnity Agreement, I have not relied upon any statement or representation pertaining to this matter made by TCU or any other person or entity which is hereby released.

The terms of this Release and Indemnity Agreement are to be governed by and construed under the laws of the State of Texas, and venue with respect to any dispute arising between TCU and any other party that involves this Release and Indemnity Agreement or my participation in the Travel-Study Program shall be exclusively in Tarrant County, Texas.

Each provision of this Release and Indemnity Agreement is severable, and if one portion is invalid or illegal, such invalid or illegal portion shall not apply, but the remaining portions shall nevertheless remain in full force and effect. I understand that the terms of the Release and Indemnity Agreement are contractual and not mere recitals, and that such terms are binding upon me, my heirs, personal representatives and assigns.

I WARRANT THAT I HAVE CAREFULLY READ THIS DOCUMENT AND KNOW ITS CONTENTS, THAT I AM 18 YEARS OF AGE OR OLDER AND HAVE FULL AUTHORITY TO EXECUTE THIS DOCUMENT, AND THAT I HAVE EXECUTED THIS DOCUMENT VOLUNTARILY AND AS MY OWN FREE ACT. I EXECUTE THIS DOCUMENT FULLY INTENDING TO BE BOUND BY ITS TERMS.

\_\_\_\_\_ DATED this \_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.  
Signature of Student/Participant

Address: \_\_\_\_\_

**If the Student/Participant is not eighteen (18) years of age or older, the signature of the Student's/Participant's parent or legal guardian is required.**

As parent or legal guardian of the above-mentioned Student/Participant, I agree to and approve the terms of this Release and Indemnity Agreement and consent to the Student/Participant's participation in the Travel-Study Program. I warrant that I have full authority to do so on behalf of myself, the Student/Participant and the Student's/Participant's heirs, personal representatives and assigns. I understand and assume the risks of the Student/Participant's participation in the Travel-Study Program.

**I, THE UNDERSIGNED, HEREBY FULLY RELEASE AND FOREVER DISCHARGE** Texas Christian University and all instructors, sponsors, agents, employees, officers, trustees and affiliates of Texas Christian University (collectively "TCU"), of and from any and all liability to me, my personal representatives, assigns, heirs and next of kin, for and from any and all claims, demands, controversies, actions or causes of action, belonging to me or Student/Participant now or in the future for any damage to or loss of Student/Participant's property, and any injury to Student/Participant's person or Student/Participant's death or any one or more of the foregoing, arising directly or indirectly out of Student/Participant's participation for any purpose in the Travel-Study Program, **INCLUDING ANY DAMAGE, LOSS OR INJURY CAUSED BY ANY ACT OR OMISSION ON THE PART OF TCU, INCLUDING ANY NEGLIGENT CONDUCT OF TCU** but excluding any gross negligence or willful misconduct of TCU. **IT IS MY EXPRESS INTENT THAT THE ABOVE RELEASE INCLUDES THE RELEASE BY ME OF TCU FROM THE CONSEQUENCES OF TCU'S OWN NEGLIGENCE. THE ONLY CIRCUMSTANCE UNDER WHICH MY RELEASE OF TCU DOES NOT APPLY IS WITH RESPECT TO ANY OCCURRENCE RESULTING FROM THE GROSS NEGLIGENCE OR WILLFUL MISCONDUCT OF TCU.**

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\_\_\_\_\_ DATED this \_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.  
Signature of Parent or Legal Guardian

\_\_\_\_\_ Printed Name of Parent or Legal Guardian

Revised 10/20/00.

BY SIGNING THIS DOCUMENT, YOU ARE WAIVING CERTAIN LEGAL RIGHTS.  
PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

TEXAS CHRISTIAN UNIVERSITY

**TRAVEL STUDY PROGRAM MEDICAL CONSENT FORM, RELEASE AND INDEMNITY AGREEMENT**

Printed Name of Student/Participant: \_\_\_\_\_

Travel-Study Program Destination: \_\_\_\_\_ Semester/Dates of Participation \_\_\_\_\_

For and in consideration of being permitted to participate in the Travel-Study Program described above, I hereby give Texas Christian University and its instructors, sponsors, agents, employees, officers, trustees and affiliates (collectively "TCU"), authority to provide me with whatever medical treatment that TCU may consider appropriate under the circumstances and at the sole discretion of TCU, including, but not limited to, authority to authorize medical tests, transfusions, injections, surgery and other medical treatment by any physician, surgeon, medical personnel and/or medical facility. I fully recognize that injury or illness could result from or during my participation in the Travel-Study Program. I authorize TCU, at its discretion, to place me, at my own and my parents' or legal guardians' expense, and without further consent, in a hospital, clinic or other medical facility outside the United States for medical services and treatment or, if no appropriate hospital, clinic or other medical facility is readily available in the opinion of TCU at its sole discretion, to transport me back to the United States for medical treatment by commercial airline or otherwise at my own and my parents' or legal guardians' expense. I understand that I am responsible for any and all medical expenses incurred by me in connection with my participation in the Travel-Study Program.

**I, THE UNDERSIGNED STUDENT/PARTICIPANT, HEREBY FULLY RELEASE AND FOREVER DISCHARGE TCU** from any and all liability to me and my personal representatives, assigns, heirs and next of kin, for any and all claims, demands, controversies, actions or causes of action, which I may now or in the future own or hold, for any injury to my person or any injury resulting in my death arising directly or indirectly from any decision made, action taken and/or inaction by TCU in connection with any medical treatment or absence of any medical treatment provided to me in connection with my participation in the Travel-Study Program, **INCLUDING ANY INJURY CAUSED BY ANY ACT OR OMISSION ON THE PART OF TCU, INCLUDING ANY NEGLIGENT CONDUCT OF TCU** but excluding any gross negligence or willful misconduct of TCU. **IT IS MY EXPRESS INTENT THAT THE ABOVE RELEASE INCLUDES THE RELEASE BY ME OF TCU FROM THE CONSEQUENCES OF TCU'S OWN NEGLIGENCE. THE ONLY CIRCUMSTANCE UNDER WHICH MY RELEASE OF TCU DOES NOT APPLY IS WITH RESPECT TO ANY OCCURRENCE RESULTING FROM THE GROSS NEGLIGENCE OR WILLFUL MISCONDUCT OF TCU.**

**I FURTHER AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS** TCU for, from and against any and all liabilities, damages, claims, lawsuits, costs (including court costs, attorneys fees and costs of investigation), and actions of any kind or description for any injury to me or any injury resulting in my death arising directly or indirectly from any decision made, action taken and/or inaction by TCU in connection with any medical treatment or absence of any medical treatment provided to me in connection with my participation in the Travel-Study Program, **INCLUDING ANY INJURY CAUSED BY ANY ACT OR OMISSION ON THE PART OF TCU, INCLUDING ANY NEGLIGENT CONDUCT OF TCU** but excluding any gross negligence or willful misconduct of TCU. **IT IS MY EXPRESS INTENT THAT THE ABOVE INDEMNITY INCLUDES INDEMNIFICATION BY ME OF TCU FROM THE CONSEQUENCES OF TCU'S OWN NEGLIGENCE. THE ONLY CIRCUMSTANCE UNDER WHICH MY OBLIGATION TO INDEMNIFY TCU DOES NOT APPLY IS WITH RESPECT TO AN OCCURRENCE RESULTING FROM THE GROSS NEGLIGENCE OR WILLFUL MISCONDUCT OF TCU.**

In making this Medical Consent Form, Release and Indemnity Agreement, I have not relied upon any statement or representation pertaining to this matter made by TCU or any other person or entity which is hereby released.

The terms of this Medical Consent Form, Release and Indemnity Agreement are to be governed by and construed under the laws of the State of Texas, and venue with respect to any dispute arising between TCU and any other party that involves this Medical Consent Form, Release and Indemnity Agreement or medical treatment or absence of medical treatment provided to me in connection with my participation in the Travel-Study Program shall be exclusively in Tarrant County, Texas.

Each provision of this Medical Consent Form, Release and Indemnity Agreement is severable, and if one portion is invalid or illegal, such invalid or illegal portion shall not apply, but the remaining portions shall nevertheless remain in full force and effect. I understand that the terms of the Medical Consent Form, Release and Indemnity Agreement are contractual and not mere recitals, and that such terms are binding upon me, my heirs, personal representatives and assigns.

I WARRANT THAT I HAVE CAREFULLY READ THIS DOCUMENT AND KNOW ITS CONTENTS, THAT I AM 18 YEARS OF AGE OR OLDER AND HAVE FULL AUTHORITY TO EXECUTE THIS DOCUMENT AND THAT I HAVE EXECUTED THIS DOCUMENT VOLUNTARILY AND AS MY OWN FREE ACT. I EXECUTE THIS DOCUMENT FULLY INTENDING TO BE BOUND BY ITS TERMS.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

\_\_\_\_\_  
Signature of Student/Participant

Address: \_\_\_\_\_  
\_\_\_\_\_

**If the Student/Participant is not eighteen (18) years of age or older, the signature of the Student's/Participant's parent or legal guardian is required.**

As parent or legal guardian of the above-mentioned Student/Participant, I agree to and approve the terms of this Medical Consent Form, Release and Indemnity Agreement and give permission to TCU as defined above to provide the Student/Participant with that medical treatment that TCU may deem appropriate. I have full authority to do so on behalf of myself, the Student/Participant and the Student's/Participant's heirs, personal representatives and assigns. I fully recognize that injury or illness could result from or during the Student/Participant's participation in the Travel-Study Program, and I hereby assume responsibility for any and all of the Student/Participant's medical expenses.

**I, THE UNDERSIGNED, HEREBY FULLY RELEASE AND FOREVER DISCHARGE** Texas Christian University and all instructors, sponsors, agents, employees, officers, trustees and affiliates of Texas Christian University (collectively "TCU"), of and from any and all liability to me, my personal representatives, assigns, heirs and next of kin, for and from any and all claims, demands, controversies, actions or causes of action, belonging to me or Student/Participant now or in the future for any injury to the Student/Participant, including any injury that results in the death of the Student/Participant, arising directly or indirectly from any decision made, action taken and/or inaction by TCU in connection with any medical treatment or absence of any medical treatment provided to Student/Participant in connection with Student/Participant's participation in the Travel-Study Program, **INCLUDING ANY INJURY CAUSED BY ANY ACT OR OMISSION ON THE PART OF TCU, INCLUDING ANY NEGLIGENT CONDUCT OF TCU** but excluding any gross negligence or willful misconduct of TCU. **IT IS MY EXPRESS INTENT THAT THE ABOVE RELEASE INCLUDES THE RELEASE BY ME OF TCU FROM THE CONSEQUENCES OF TCU'S OWN NEGLIGENCE. THE ONLY CIRCUMSTANCE UNDER WHICH MY RELEASE OF TCU DOES NOT APPLY IS WITH RESPECT TO ANY OCCURRENCE RESULTING FROM THE GROSS NEGLIGENCE OR WILLFUL MISCONDUCT OF TCU.**

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Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian

Revised 10/20/00

## HEALTH INSURANCE AND MEDICAL BACKGROUND

**TCU requires that every Student/Participant in a Travel-Study Program have medical insurance which provides coverage for the Student/Participant while in a foreign country.**

By signing below, I confirm that I have consulted with my health insurance carrier and have verified that I have worldwide medical coverage. I understand what procedures and documents may be required by my health insurance carrier if I submit claims while studying abroad

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**Signature**

**date**

TCU contracts with International SOS (SOS) to provide study abroad participants with worldwide travel, medical and security advice and services. The services provided by SOS range from telephone advice and referrals to full-scale evacuation by private air ambulance. *You will receive a membership card during orientation with the SOS telephone numbers and the TCU group number. Carry this card at all times while abroad.*

SOS is NOT health insurance. TCU requires that every Student/Participant in a Travel-Study Program have medical insurance which provides coverage while in a foreign country. Requests for reimbursement for medical care received while abroad should be submitted to your own health insurance provider.

**TCU requires that every Student/Participant in a Travel-Study Program complete background information on SOS' secure website.**

By signing below, I confirm that I will complete the required background information. I understand failure to complete the information is grounds for dismissal from the program.

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**Signature**

**date**

This background information is fully confidential. TCU will not be able to view your Emergency Record but will verify that you have completed it. Remember, in case of emergency (or a lost passport), the more complete your information the better SOS will be able to assist with your emergency.

To complete the required background information,

- Go to [http://www.internationalsos.com/members\\_home/login/login.cfm](http://www.internationalsos.com/members_home/login/login.cfm)
- Log on using the TCU member ID 11ASGC000004.
- Scroll down to [click here to activate your Emergency Record](#).
- Select a username and password for your Emergency Record.
- Following the menu items at the left, add your information for all the sections, including: Personal Information, Emergency Contacts, Physicians, Health Insurance, Medical History, Surgical History, Current Medications, Allergies, Physical Devices, and Glasses & Contact Lenses.
- Scan a copy of your passport and upload it to [My Documents](#).

**PERSONS TO CONTACT IN CASE OF EMERGENCY**

Primary contact

Secondary contact

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Additional Emergency Contact (not at same number)

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_



**TEXAS CHRISTIAN UNIVERSITY**  
**Travel Abroad Code of Conduct**

International Program: \_\_\_\_\_

Knowing that in a foreign culture I represent my university and my country, I will respect the rights of other people, especially those of my host country, and I will refrain from impolite or improper actions.

As a participant on a TCU program, I agree to follow the TCU student code of conduct. In accordance with the norms of good conduct, I further agree to follow these specific rules while participating on TCU sponsored programs:

I will accept in good faith the advice and suggestions of TCU or its agents in matters relating to the TCU program or personal conduct of program participants.

I understand that class and group trips and lectures are mandatory program events, and I will willingly participate in program organized trips and lectures.

I will not tamper with the property of any lodging or other facility in any way whatsoever, and I will keep noise levels down.

I will take care of and be responsible for my belongings.

I understand that the lack of sobriety or any use of illegal substances (as determined by U.S. law) is grounds for immediate dismissal of the program. I have received and read a copy of the university's Drug and Alcohol Abuse Policy published in the TCU Handbook.

I will notify a TCU representative of my travel plans and place of accommodation before I leave the group for any length of time.

If my participation is terminated, I consent to being sent home at my own expense with no refund of fees.

**TCU international programs strive to incorporate intercultural learning. As a part of being abroad, life will be different. In particular, the following attitudes and behaviors are expected:**

I understand that changes in housing, food, customary practices, transportation, and more will require flexibility and adaptability

I understand that living in an unfamiliar city, communicating in a different setting or language, and more will require resourcefulness, problem-solving skills, and people skills.

I understand that being in a foreign country, away from family and familiar resources, will require self-reliance and personal responsibility.

I understand that values and norms may be different, and I will be respectful of others and take advantage of opportunities to learn about those differences.

\_\_\_\_\_  
Signature of Student/Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Student/Participant

## TCU Sexual Harassment Policy

The university administration, faculty, staff, and students are responsible for assuring that the University maintains an environment for work and study free from sexual harassment. Sexual harassment is unlawful and impedes the realization of the University's mission of distinction in education, scholarship, and service. Sexual harassment violates the dignity of individuals and will not be tolerated. The university community seeks to eliminate sexual harassment through education and by encouraging faculty, staff, and students to report concerns or complaints. Prompt corrective measures will be taken to stop sexual harassment if it occurs.

This policy applies to faculty members, administrators at all levels, university and general staff members and students enrolled at or employed at Texas Christian University. The policy applies to the total educational environment of Texas Christian University including academic, research, extracurricular, training or any other program activity.

No member of the Texas Christian University community may sexually harass another. Any faculty member, staff member, or student found in violation of this policy will be subject to disciplinary action. Retaliation for filing a complaint against sexual harassment is prohibited.

University administrators will make every reasonable effort to conduct all proceedings in a manner which will protect the confidentiality of all parties.

Sexual harassment is any unwelcome sexual advance, request for sexual favor, reference to gender or sexual orientation, or other physical or verbal conduct of a sexual nature even under the guise of humor when:

- Submitting to or rejecting of such conduct is used either explicitly or implicitly as a basis for any decision affecting terms or conditions of an individual's employment, participation in program or activity, or status in an academic course; or
- An individual's submission to or rejection of such conduct is used as a basis for academic or employment decisions affecting that individual; or
- Such conduct has the effect or purpose of unreasonably interfering with an individual's academic or work performance or creating an intimidating, hostile, or offensive employment or educational environment.

Any complaint about alleged sexual harassment should be immediately referred to the on-site faculty or director and the University Sexual Harassment officer, Susan Adams, 817-257-7926, [s.adams@tcu.edu](mailto:s.adams@tcu.edu).

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I have received and read a copy of the university's sexual harassment policy.

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Signature of Student / Participant

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Date

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Printed name of Student / Participant